

NAMI VA Annual Convention Registration Form
September 8, 2007
Please Print Clearly

Name _____

Address _____

Phone w/ Area Code _____

Email Address _____

RATE = \$45 on or before September 1, \$50 after September 1

Payment by check or charge: Check _____ (make payable to NAMI VA) VISA _____ Master Card _____

Acct. # _____ Exp. Date _____ 3-digit code on back of card _____

Signature _____

Your affiliate/organization/association _____

Please mail this form with payment to NAMI Virginia, PO Box 8260, Richmond VA 23226

Questions? Please contact namiva@comcast.net or visit www.namivirginia.org for more information.